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CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.

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18 JUL 1969

FOR THE YEAR ENDED 31st DECEMBER, 1968

[SIXTY-FIRST YEAR]

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INDEX

PAGE

Audiology 12, 29

Blind Pupils 23, 28

Child Guidance Treatment 29, 41, 42
Chiropody 11
Cleanliness (Head and Body) 19, 35, 36
Convalescent Treatment 23
Cost of School Health Service 61

Deaf and Partially Hearing Children 12, 13, 23, 39, 40
Defective Vision, see "Eyes"
Delicate Pupils 22, 23
Dental Service 25
Department of Education Returns 53–60
Diphtheria Immunisation 20
Dysentery 44

Ear, Nose and Throat 12, 38
Educationally Sub-Normal Pupils 23, 24
Education Welfare 21
Eyes 11, 36, 37, 56

Fairthorn Convalescent Home 23

General Condition of Children ... 36
General Information 61

Handicapped Pupils 22, 59, 60
Health Education 19
Heart Diseases and Rheumatism 7, 11, 41
Heights and Weights ... 48–52

Infectious Diseases 44
Inspection Clinics ... 45, 46
Investigations carried out 15–18

PAGE

Maladjusted Children 22
Measles 8, 20, 44
Milk in Schools 30–31
Minor Ailments Clinics... 43, 47

Nursery Schools and Classes 19

Ophthalmic and Orthoptic Treatment, see "Eyes"
Orthopaedic Treatment 11, 37

Partially Hearing Pupils 13, 23, 40
Partially Sighted Pupils 38, 23
Periodic Health Inspections 35, 36
Physical Education ... 32–33
Physically Handicapped Pupils 23
Poliomyelitis 20

Research, see "Investigations"
Residential Special Schools 24, 44
Rheumatism and Heart Diseases, see "Heart Diseases"

Scabies 56
Scarlet Fever 44
School Meals 31
School Nursing 19, 43
Special Examinations ... 35
Speech (Therapy and Defects) 28, 40
Spina bifida 22
Staff 5–6
Statistical Tables ... 34–61
Summary of Work 34
Swimming, see "Physical Education"

Tetanus Immunisation ... 20
Tuberculosis 15–18

Whooping Cough 44

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- Mrs. LILY WILLIAMS (from 1-5-68)
- Mrs. J. PURNELL (P.T.)

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- GEORGE WARRILOW

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EDGAR COPESTAKE, L.D.S.

Senior School Dental Officers:

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ALBERT E. CLARK, L.D.S.
JOHN F. GILL, L.D.S., R.C.S.

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*Mrs. ROMA BROOKS, L.D.S. (from 21-10-68)
DAVID COOK, B.Ch.D.
*DEV DATT, O.B.E., L.D.S., M.B., Ch.B. (to 30-9-68)
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Mrs. CATHERINE A. HARGAN, B.D.S.
Mrs. PETA J. B. HILL, B.D.S.
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Miss ELIZABETH J. WHITEHEAD (from 23-9-68)

Dental Technician:

CLIFFORD J. ATKIN (Senior)

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Medical Director—THE SENIOR SCHOOL MEDICAL OFFICER

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Miss JUDITH A. GRIFFITHS, B.A.
(Educational Psychologist)
Miss VALERIE A. GREAVES, B.A.
(Educational Psychologist)
Mrs. ALISON V. HUSAUNDEE, B.A.
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*Mrs. CECILIA M. RILEY, B.A.
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Miss JENNIFER ADKINS, L.C.S.T.
*Mrs. PAMELA J. BATTYE, L.C.S.T.
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Chiropodist:

*LEONARD ALDAM, M.Ch.S., S.R.Ch.

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Mrs. JANICE WILLIAMS (Bursar)
Mrs. CONSTANCE V. THORNTON
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Chantrey School:

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(Physiotherapist)
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Mrs. BESSIE FURNESS, S.E.N.
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Miss JOYCE WILKINSON
(Bursar)

Maud Maxfield School for the Deaf:

Miss FLORENCE E. SHAW
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Miss CONSTANCE M. DAVISON
(Bursar)

Administrative Assistant:

PETER MASON, D.P.A.

SCHOOL HEALTH SERVICE, Central Clinic, 7, Leopold Street, S1 2GY (*Telephone* 26341)

(NOTE: *Denotes part-time officer; †Denotes appointment by arrangement with the Regional Hospital Board).

To the Chairman and Members of the Education Committee

During the past year the 'green paper' on the administrative structure of the medical and related services and the Seebohm Report on local authority and allied personal services made their much heralded appearances. Perhaps more by chance than intention they were published on the same day, and these twin reports have caused stirrings both in Sheffield and elsewhere. While the 'green paper' was a modest 29, Seebohm ran to 370 pages, and it might have been expected that in surveying the health and welfare services some consideration would have been given to the future of the school health as well as educational welfare service. The only recommendation to emerge from either report is that the child guidance service should be transferred to the proposed social service department.

It seems unlikely that a school health service would have come into existence in its present form if it had been created de novo, and parts of the service such as the treatment of minor ailments would seem no longer necessary in many areas. Possibly greater attention should be focused on the needs of school children which are not adequately met through the N.H.S. for, in times of scarcity, it might be argued that doctors and nurses could better be used to support the staffing of the basic health services. A clear cut area of continuing need lies in the management of seriously handicapped children who require a balanced team of specialists to plan medical care and education. Indeed it would be an advantage if this service were exended, where necessary, for the benefit of young people up to the age of 21.,

Already the winds of change are blowing through special education. The special units for the partially sighted and partially hearing, which have amply proved their worth, will be preserved within the comprehensive system. Furthermore selected blind children will during 1969 be given the chance of education within an ordinary school. The special school for spina bifida cases and the new day school for the maladjusted are exciting developments, and valuable experience will be gained in tackling difficult educational problems.

Rheumatic fever ceased to be notifiable during the year, and it is significant that no new cases were referred to the heart clinic. Rheumatic heart disease is still a disabling condition among adults who acquired the disability as children, but the present generation should be largely free of this affliction. Congenital heart disease, on the other hand, has shown no reduction, although some cases can be treated surgically.

The Government has announced that an early opportunity will be sought to introduce amending legislation with a view to the transfer from Health to Education of responsibility for junior training centres for mentally handicapped children. I believe that this will be in the interests of the staff, and hope that it will also be to the benefit of the children and parents. In particular, I welcome the increasing part likely to be played by the Education Authority in the training of teachers of the mentally handicapped—during the 1969-70 session the N.A.M.H. Course will for the first time be held at the Polytechnic. For a number of years Mr. Copestake has visited regularly and provided dental treatment at the Norfolk Park junior training centre, and I am glad to say that audiometric testing is now being carried out at the centre by Dr. Swallow and an experienced school nursing sister. The Talbot centre nearby was opened in February, 1969 and the Education Committee is likely to inherit two fine modern buildings. I imagine that in the long term the trend will be towards special education on more comprehensive lines—however, it is early days and there are complex problems, not least the fact that many of the most severely disabled require a nursing and welfare rather than an educational service. Nevertheless it is hoped that Parliament will opt to transfer to the Education Authority full responsibility, and not try and re-draw the line between those who are suitable for school and those unlikely to benefit from training except on a simple social level.

The clinic at Gleadless, which was planned and built by the Derbyshire Authority, was opened in April and full use has been made of these additional facilities. Although operating in mobile dental clinics is not ideal, particularly in winter, the main advantage is that it provides treatment facilities 'on the spot', which is of considerable use in parts of the City where dental clinics are non-existent. Moreover, the amount of wasted time through broken appointments is appreciably less as a substitute patient can be coaxed from a classroom. Indeed the success of the scheme is somewhat of an embarrassment as the clinic was firmly anchored at Myers Grove for many months, whereas it was hoped th t it would be able to tour and provide treatment at several schools during the course of the year.

The Department of Health gave its blessing to a new schedule put forward by the Joint Committee on Vaccination and Immunisation. A tetanus 'booster' is now to be given in the final year of school so as to afford protection during early adult life. While vaccination against smallpox is not recommended for the first time in children of school age, re-vaccination is advised both at school entry and in the last year of school where primary vaccination was given in infancy. It is also proposed that, where children have not already had triple immunisation, the protection offered at school entry should include the whooping cough component—formerly this was limited to diphtheria and tetanus.

While there was an encouraging response from parents for measles vaccination, the fact that measles was prevalent before the campaign got underway resulted in fewer children receiving vaccine than expected. The main impetus must now come in persuading mothers to allow the vaccination of infants in the second year of life so that the children are protected by the time that they reach school age. Unfortunately one of the strains of vaccine used has recently come under suspicion, although we are not aware of any ill-effects from vaccine used in Sheffield. It would be a great tragedy if the concept of measles vaccination falls into disrepute, as undoubtedly it offers the only chance of protecting children from widespread and often permanent damage to chest and ears still caused by the disease.

An 'official' report involves considerable scrutiny of the facts, and I have relied on Dr. J. C. MacInnes and his colleagues in the School Health Service to keep the record straight. Due to reorganisation of committee structure I have had less personal contact with members, although gladly acknowledge their continued support without which no service can run smoothly. I am also conscious of a great debt to teachers who have, I am sure, dilemmas enough of their own without being asked to share those of the author.

CLIFFORD H. SHAW,
Principal School Medical Officer.

MEDICAL EXAMINATIONS

"I think your solution just, but why think? Why not try the experiment?"
John Hunter—Letter to Edward Jenner.

The advent of comprehensive education may well lead to reorganisation of the medical examination system, for although the most important examination is probably that carried out at 5 years on school entrance in our primary schools, the re-grouping of schools resulting in a number of primary schools feeding into one comprehensive school will mean that the follow-up of children through their school career should be easier. Our increasing awareness of the need for the medical follow through emphasises the significance of this change.

The basic physical examination is likely to miss the psychological and environmental factors which may be proving big problems for the child to master. These can only be discovered by close liaison with the teaching staff. An efficient school nursing system can maintain this contact, directing the school medical officers' attention to the major problems. A pilot scheme was started in October with a school nurse and assistant based not on a clinic, but on the secondary school, thus ensuring that, while engaged on routine work, the nurse or assistant would be readily available in case of accident or illness. The scheme has been welcomed by the schools, though they feel that they could do with an even greater proportion of the nurse's time. The nurse herself feels that better use is made of her time than when she was based on a clinic for a limited number of sessions a week, together with fixed school sessions. The area chosen was one where the clinic attendance numbers were small, and was not typical of the envisaged future area pattern in that more than one secondary school was included in the scheme. Nevertheless, the support given by both the schools and nursing staff has encouraged us to try a further scheme based on one of the largest comprehensive schools, and plans for further areas are under way, but before initiation of these, much thought will have to be given to the important links between this and school counselling or education welfare services.

SPECIALIST CLINICS

"It is necessary for hym that is sycke to have two or iii good kepers"
Andrew Boorde—"The Dyetary of Helth"

OPHTHALMIC

Mr. M. Ferguson, the Ophthalmologist, presents the following report:—

In the younger age groups hypermetropia and hypermetropic astigmatism are the commonest form of defect accounting for about two thirds of the children seen. It is round about the age of 6 that the amblyopic eyes and squints are discovered, these being usually hypermetropic. Myopia tends to come on at a later age, after the age of 9, so that at the age of about 15, three quarters of the children attending the clinic are myopes.

In the Blind School the number of children with retrolental fibroplasia, a preventable condition, is now only 8%. At one time it was 33% and this percentage should decrease further. Congenital cataract is now the commonest condition.

The number of children at the Partially Sighted Schools has increased but this is not due to any increase in any specific condition.

At Brook Comprehensive School it has been possible to integrate children more easily for certain classes by the use of a monocular visual aid, which is very helpful for distance vision in certain cases.

ORTHOPAEDIC

Mr. A. Dornan, Consultant at the Royal Hospital, has continued to be responsible for this Clinic, where the work has followed the usual pattern of previous years.

During the year, 132 children were seen, of whom 22 were found to require hospital treatment. 151 attendances were made during the year.

CHIROPODY

During the year, 810 children attended for treatment, to whom a total of 1,849 treatments were given. At the end of the year, 15 children were still in attendance.

HEART DISEASES AND RHEUMATISM

See page 41 for statistics relating to the year's work.

EAR, NOSE AND THROAT DEFECTS

"Here we will sit and let the sounds of music creep in your ears."
Shakespeare—"The Merchant of Venice."

Dr. E. M. Swallow, reports:—

Mr. Buffin continues as Consultant Otologist at both the Central Clinic, where he sees cases referred by the School Medical Officers and at the Audiology Clinic where he is mainly concerned with the pre-school deaf child. This latter is an extremely happy arrangement and one which is much appreciated by the parents of these very young children.

We are fortunate in that Miss Beard still attends on three sessions each week to give auditory training to young deaf children until they are old enough to be admitted to the Nursery at the Maud Maxfield School.

It is hoped that in the near future, with the appointment of a peripatetic teacher of the deaf, it will be possible to provide help for partially hearing children in ordinary schools and guidance for the teaching staff of these schools.

The clinic staff continue to give talks and practical demonstrations each year to groups of nurses taking the health visitors course at the Sheffield Polytechinic.

LIP READING

Partially hearing children who wear hearing aids and attend ordinary schools are frequently referred to either the Maud Maxfield School or Greystones Partially Hearing Unit for tuition in lip reading.

AUDIOMETRIC PURE TONE TESTING, JANUARY TO DECEMBER, 1968

This was carried out in the Audiology Clinic, Orchard Lane, the following tests being made:—

New cases	451
Retests	447
	898

AUDIOMETRIC SWEEP TESTING IN SCHOOLS

A total of 6,241 boys and girls in the age group 6—7 years were given a simple sweep test. 308 did not perform this test satisfactorily, as colds, wax and other catarrhal conditions influenced the results. These children were referred to either the general practitioner or to the appropriate branch clinic for more intensive investigation.

PARTIALLY HEARING UNITS AT GREYSTONES SECONDARY AND HUNTER'S BAR COUNTY SCHOOLS

Statistics relative to these Units are given on page 40 together with those for Ear, Nose and Throat defects generally, including surgical treatment for tonsils and adenoids.

PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN

> *"You go not till I set you up a glass*
> *Where you may see the inmost part of you."*
> Shakespeare—"Hamlet."

CHEST CLINIC

Dr. R. H. Townshend, Consultant Chest Physician, reports:—

"During the year 1968 only 4 school children were notified as suffering from tuberculosis compared with 7 in 1967. Two of these, a girl of 11 and a boy of 10 were suffering from primary tuberculosis. A girl of 6 suffering from tuberculosis of the kidney is being treated by the Children's Hospital and a Pakistani child of 14 was admitted to Lodge Moor with tuberculosus meningitis. Of these four children only one, the girl of 11, is under the supervision of the Chest Clinic.

During the year 518 school children attended the Chest Clinic for the first time, some because they were contacts of recently notified cases of tuberculosis and some because another child in the family had shown evidence of tuberculosis infection when tested at school. 258 of these children were given B.C.G. at the Clinic."

B.C.G. Vaccination in Schools

Dr. J. J. McKessack presents the following report:—

"During the year the B.C.G. team visited 73 schools to tuberculin test and vaccinate eleven years old children. Three colleges for full time students were also included in the programme. The results are as follows:—

	1968	1967
Number of children tuberculin tested	5,616	4,396
Positive reactors (previous B.C.G.)	507	362
Positive reactors (no previous B.C.G.)... ...	505	272
Positive reactor rate (no previous B.C.G.) ...	8·9%	6·2%
Negative reactors	4,605	3,762
Number vaccinated	4,592	3,759

The average reactor rate for 1967 and 1968 is 7·5% which is slightly higher than the 1966 and 1967 rate of 5·9%. It was noted that although the reactor rate was higher this year, 80·7% were Heaf I, 14·1% Heaf II, 4·5% Heaf III and 0·7% Heaf IV. 62 children, who had a history of previous B.C.G. vaccination, when tested this year were Heaf negative and were re-vaccinated.

The British Tuberculosis Association Study

This study began in 1965 and was intended to cover a five year period but was terminated in November, 1968 owing to difficulties experienced by one authority in tracing school leavers. The study in which three authorities took part was designed to compare the efficiency of B.C.G. vaccination by multiple puncture with the standard intradermal method.

One in four children were vaccinated by the intradermal method, the rest by the multiple puncture method which is less painful and, in consequence, more popular with the children. All the children were followed up with annual tuberculin skin testing until leaving school. The results are given in the table on page 16.

It will be observed that in those authorities who have completed the third year, there is no appreciable difference in the percentage positive or the resulting mean diameter of the mantoux readings in the two different methods adopted. These findings may suggest a need to adopt the new method of multiple puncture vaccination which does not necessitate an injection, leaves minimal tissue scarring and, in consequence, is more acceptable.

Table 1. Results of Mantoux tuberculin tests with 10 I.U. P.P.D. (British Pharmacopoeia)

AREA	METHOD OF VACCINATION	TYPE OF INSTRUMENT	VACCINE BATCH NUMBER	Time after Vaccination								
				1 year			2 years			3 years		
				No. tested	% +ve.*	Mean diameter*	No. tested	% +ve.*	Mean diameter*	No. tested	% +ve.*	Mean diameter*
STAFFORDSHIRE	Multiple puncture	East	147	228	98	15·9	228	96	15·7	126	95	17·0
		A & H	147	221	95	16·2	227	93	16·2	126	92	17·5
		East	151	230	95	15·0	215	93	15·0	130	92	16·8
	Intradermal		651	240	99	16·7	222	99	15·8	143	96	17·4
CARDIFF ...	Multiple puncture	East	151	221	82	9·6	Nil return			Nil return		
		A & H	151	213	74	8·7						
		East	157	200	80	9·3						
	Intradermal		651	214	87	9·8						
SHEFFIELD ...	Multiple puncture	East	147	233	85	11·8	204	82	12·8	150	94	12·3
		A & H	157	228	83	12·0	188	78	13·1	132	91	12·3
		East	157	216	82	11·6	181	79	12·6	156	90	11·8
	Intradermal		651	224	92	12·6	180	88	13·2	151	94	12·9

* of reactions with 5 m.m. or more induration.

Key *East*—Automatic 20 needle apparqtus
A & H—magnetic head gun with individual 20 puncture discs.

Selected guns were fired twice into skin of each vaccinee.

Chest X-Rays in School Children

All children who were positive reactors with no previous B.C.G. vaccination and those showing grade three or four Heaf reactions or more than 20 m.m. Mantoux readings, having had B.C.G. vaccination at a prior date, were referred for chest X-ray examinations.

Chest Film Analysis	Number
Normal chest X-ray	461
Non active T.B.	1
Hilar shadows (cleared after treatment)	2
Prominent pulmonary conus	2
Slight cardiac enlargement	2
Slight scoliosis	1

Independent of school screening procedures, four cases of tuberculosis in children were notified. Two were boys aged 14 years (an immigrant) and 10 years, and two girls aged 11 years and 8 years respectively. Three were hospitalised and one kept under observation with treatment at home.

Special Investigations

(1) A case of erythema nodosum and one with suspicious pulmonary symptoms led to investigations being carried out at two junior schools, but there was no evidence of the source of infection being within either school. One child had been in contact with a great aunt who was under supervision, the other child's possible contact was a neighbour who had been previously notified.

2. A nine year old girl who was thought to have gone through a primary phase of tuberculosis, but who was now well, was investigated. She was found to have been in contact with (*a*) an elderly uncle on the occasion of a funeral in another authority and at the time of the enquiry the uncle was in hospital with a resistant form of tuberculosis, and (*b*) two close neighbours, one under surveillance for suspicious chest film, the other an immigrant who had been notified the previous year and who was a known defaulter.

B.C.G. Vaccination of Sudents in establishments for further education:—

	1968	1967
Number tested	62	85
Positive reactors (previous B.C.G.)	49	59
Positive reactors (no previous B.C.G.)	8	10
Negative reactors	5	16
Number vaccinated	5	16

The protection with B.C.G. vaccination has been offered to students since 1965.

Follow up of Contacts of Positive Reactors:—

Older Contacts

Number X-rayed	299
Had recent chest X-ray	159
Had B.C.G. at school	83
Already under supervision	1

Results of Chest X-ray Examinations

No abnormality found	292
Signs of past tuberculosis now healed	2
Recalled for further X-ray	5

Tuberculin Tests of Younger Siblings

Negative reactors	307
Positive reactors	23
Positive reactors rate	6·9%
Already had B.C.G.	8
Number vaccinated	94

All positive reactors had normal chest films.

Younger Siblings given B.C.G. (0—5 years):

Chest Clinic	873
Jessop Hospital	144
Children's Hospital	6

Contact Investigation of School Children who were Positive Reactors

The contacts of positive reactors were followed up by health visitors to establish, if possible, the source of the infection and, if found, to offer any help and advice to the family which could ensure their health and well being.

In 313 completed enquiries involving a total of 2,169 persons, there was a traceable history of tuberculosis in 23 of the immediate family, 75 in more distant relatives and 14 in neighbours or visiting friends."

SCHOOL NURSING SERVICE

"He that seeks finds and sometimes what he would rather not."

Italian proverb.

By Miss A. E. Salvin, S.R.N., H.V.Cert., Chief School Nursing Sister.

"In April Miss Dent retired after completing 14 years excellent service as Chief School Nursing Sister.

Three school nursing sisters were appointed and two resigned, one for domestic reasons and one to take teacher training. One nursing assistant was appointed to fill an existing vacancy. An audiology refresher course was attended by two members of staff.

SPECIAL SCHOOLS

During the year two of the Head Teachers requested the full time services of a school nursing sister to help with the seemingly ever increasing social problems which many children attending these schools appear to have. The school nursing sisters continued to pay regular visits to all these schools.

CLEANLINESS SURVEY

The incidence of head infestation has remained much the same as last year.

HEALTH EDUCATION

Members of staff have, by request, given demonstrations, films, and courses of lectures leading to the Duke of Edinburgh's Award. The Department has been visited by student health visitors, student teachers and students from Kenwood Nursery Training Centre.

NURSERY SCHOOLS AND CLASSES

More nursery classes have been opened and the work has been carried out as in previous years.

CO-OPERATION WITH OTHER SOCIAL WORKERS

The well established good relationship with Miss de Neumann, Superintendent Health Visitor and her staff has been maintained. The Chief School Nursing Sister has attended meetings of the Care of Children co-ordinating committee and Fairthorn House committee."

VACCINATION AND IMMUNISATION

"The doctors were very brave about it."

Dorothy Parker.

During the summer term a 'crash' programme was launched with a view to protecting as many school children as possible between their fourth and seventh birthdays who had not previously had measles. Measles vaccination was also offered to younger children attending nurseries and nursery schools. Unfortunately a measles outbreak was widespread in Sheffield at the time the vaccine became available so that many children developed measles and, consequently, were not immunised. Nevertheless, 2,619 susceptible children were protected and it was noticeable that the outbreak ceased more abruptly than is usual, although this may have been partly due to the intervention of the long summer holiday which, on balance, probably reduces the opportunities of the spread of the infection. In order to speed the measles programme and to avoid confusion in the minds of parents, the distribution of poliomyelitis vaccine through the school nursing sisters was discontinued.

IMMUNISATIONS BY SCHOOL HEALTH SERVICE

Primary Course	1968	1967	1966	1965
Diphtheria ...	1	6	14	12
Triple	25	120	156	88
Diphtheria/Tetanus	254	385	462	298
Tetanus ...	153	250	206	698
Booster				
Diphtheria/Tetanus	2,198	2,674	2,674	2,423
Tetanus ...	424	1,625	1,162	1,047
Poliomyelitis ...	—	15,943	20,363	10,003

EDUCATION WELFARE SERVICE

"Faith, I have never been a truant."

Shakespeare—"Henry, VI., Pt. I"

Mr. E. Buckley reports:—

"That there is a close liaison between Education Welfare and School Health Service is only too obvious when it is realised that three re-organisation plans are pending, in each case a re-organisation which would integrate much closer the two services. This is not the place to discuss the impact of these except to comment that there is much good in all and some not so good, with a modicum of wasteful displacement.

At the present time, and with the present organisation, the Education Welfare Service can be said to be the eyes and ears of the School Health Service, in so far as the 'early warning' of illness or disability is concerned. The education welfare officer in the field sees the maladjusted or physically handicapped child years before the child is of school age. These he reports and thus the School Health Service can swing into action long before the child is seen at school, or is reported after the child becomes five years of age and does not attend school.

There is a very close liaison between the visiting school nursing sister and the education welfare officer. There have been many occasions when joint visits have been made, as well as joint consultations in school and branch clinic to help the child to get the best out of education 'according to age, ability and aptitude.'

As the Education Welfare Officers are now mainly mobile, with their own cars, a useful service is given to parents called in for consultation with the Child Guidance Clinic. Mothers are often handicapped by young children when called for interview, and in a few cases the child in question is quite a handful.

Many Sheffield children are boarded away from home for various medical reasons, some as far afield as Aberdeen and Teignmouth. The Education Welfare Service provides escorts, where necessary, at the beginning and end of term. In many instances the education welfare officer uses his car, and journeys of over 200 miles in each direction are sometimes undertaken.

Finally on an administrative basis the interchange of information from our two card index systems has proved invaluable. The School Health Service has a card index in alphabetical order of children's surnames, and the Education Welfare Department's index is in alphabetical order of streets within the City, with cards containing family details in a numerical order within each street.

Thus the two Services are of valuable help one to the other in the broader aspect of education."

HANDICAPPED CHILDREN

"In sleep we are all equal."

Spanish proverb.

There is an increasing interest in the problem of the handicapped pupil in the ordinary school, and a growing awareness that placement of a handicapped child is not just one of assessment of physical function or mental ability in a clinic situation.

While no one can blame the teacher with forty or more children in a class for feeling extremely reluctant to take on a child with an obvious physical handicap, nevertheless in some cases it would be ill advised to place that child in a special school, since another child in greater need could thereby be deprived of a place and the handicapped pupil through this action could develop a sense of being 'different' with the associated risk of greater difficulties in coming to terms with his handicap later in life.

The child with sometimes greater non-physical handicap often remains submerged in those same large classes in the primary school with his needs unrecognised until he attains secondary school age. By that time he may have developed considerable problems of maladjustment, signs of which, in retrospect, could have been recognised earlier in school life.

In an effort to help teachers understand these problems, lectures are now given on this subject at the College of Education. During the year a one-day conference and a course for teachers were both held in the special schools. Further arrangements are planned in 1969, and the National Conference for Special Education is to be held in September in Sheffield on 'The Multiply Handicapped Child.'

The completion of the buildings at Bents Green School has led to a reappraisal of the number of places for delicate children and, as a result, Springvale House School was closed as an all age school for delicate children, though the premises are being used to rehouse East Hill Infants' School, which was in 'temporary' wooden buildings originally erected in the 1914-18 period.

Owing to building delays, the new spina bifida school will not now open until April 1969. It is pleasantly situated in the grounds of Jordanthorpe House which, since it is the subject of a preservation order, has been retained for staff accommodation. The school has an open plan teaching area and includes nursery facilities and a hydrotherapy pool.

Plans are going ahead for the first group of children from the Blind School to attend ordinary school at secondary level in September, 1969.

It is hoped that the maladjusted school will be opened by the end of 1969

Arrangements have now been made to integrate boys and girls in the junior educationally sub-normal schools. This commenced in January 1969 at Wadsley Bridge E.S.N. School and will be completed by the summer term.

The nursery accommodation at Maud Maxfield School has been extended and discussions have taken place regarding the future of the partially sighted and hearing units, all of which will be affected by comprehensive reorganisation.

Fairthorn Convalescent Home, which is under the auspices of the Sheffield School Children's Holiday Association, has continued as before to provide holiday periods for school children. As in the delicate schools, the type of child requiring these facilities seems to be changing, and the staff of the Home are to be admired at the way they have managed to cope with the additional problems these children pose.

SPECIAL SCHOOLS

		Accommodation for
BLIND	Sheffield School for Blind Children	60 pupils (res)
PARTIALLY SIGHTED	Brook Secondary School (Special Unit)	10 pupils (day)
	Stradbroke County School (Special Unit)	15 pupils (day)
DEAF (GRADE III) AND PARTIALLY HEARING (GRADE IIB)	Maud Maxfield School	38 pupils (res) 58 pupils (day)
PARTIALLY HEARING (GRADE IIA)	Greystones Secondary School (Special Unit)	10 pupils (day)
	Hunter's Bar Junior School (Special Unit)	10 pupils (day)
	Maud Maxfield School (lip reading classes)	30 pupils (day)
DELICATE	Bents Green School	40 pupils (res) 170 pupils (day)
	WhiteleyWood School	144 pupils (day)
PHYSICALLY HANDICAPPED	Chantrey School	40 pupils (res) 20 pupils (day)
	Oakes Park School	120 pupils (day)
EDUCATIONALLY SUB-NORMAL	East Hill Schools:	
	Infant	45 pupils (day)
	Junior Boys	100 pupils (day)
	Senior Boys	120 pupils (day)
	Handsworth School:	
	Junior Girls	100 pupils (day)
	Highfield School:	
	Senior Girls	120 pupils (day)
	Wadsley Bridge Schools:	
	Junior Boys	100 pupils (day)
	Senior Boys	120 pupils (day)

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below:—

RESULTS OF EXAMINATIONS

Recommended for admission to a special school for the educationally sub-normal	109
Recommended for education in an ordinary school with special educational treatment and later review ...	27
Recommended for admission to a special school for physically handicapped children	1
As above but for Open Air School	1
Found not to be educationally sub-normal...	42
Found to be unsuitable for education and recommended for notification to the Local Health Authority—Section 57(4)	34

ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL

Left on attaining the age of sixteen years	62
Removed at an earlier age as incapable of receiving further benefit	7

TOTAL NUMBER NOTIFIED TO LOCAL HEALTH AUTHORITY

	Boys	*Girls*
Children incapable of receiving benefit or further benefit from instruction in school	29	14
Re-examined and still incapable	—	1
Educationally sub-normal children notified on attaining the school leaving age	35	27

CHILDREN MAINTAINED IN RESIDENTIAL SPECIAL SCHOOLS AND HOMES OUTSIDE THE CITY, DECEMBER, 1968

At the end of the year, 60 children were in residential special schools and homes outside the City. A summary of these cases is given on page 44.

SCHOOL DENTAL SERVICE

"He wore false teeth and all were told
that he was only four years old"
Hilaire Belloc., "More Cautionary Verse."

E. Copestake: Chief Dental Officer

During the last three years the service has been successful in building up and maintaining sufficient staff to keep each dental clinic open on a full-time basis. This record was interrupted during the Christmas Term when two full-time dental officers resigned and staff to fill the vacancies were unobtainable. One part-time officer was appointed in October, her time being occupied in keeping open the Attercliffe and Wheata Place dental clinics, five sessions a week being divided between both places. From Ministry sources it is learnt that recently there has been a slight fall in the overall number of full-time dental officers employed by local authorities, and the general impression gained from advertisements appearing in the press is that local authorities are competing strongly for the services of those available. Although moderately successful in filling posts, the service has been restricted however to appointing newly qualified dentists without experience and, with one exception, they have been newly married or about to be married women, and a constant turnover of personnel may be expected.

A mobile clinic was received from the manufacturers in July and was taken into use immediately at the Myers Grove Comprehensive School which had its first visit from a School Dental Officer this year. Miss C. M. Waite, now Mrs. Vernon, was made very welcome by Mr. W. S. Hill and his staff who co-operated very closely in showing to the lower and middle schools a dental health education film and subsequently in ensuring a constant flow of pupils to the clinic for treatment. It was originally thought that the mobile clinic would move to High Storrs School at the end of December but the volume of treatment required at the Myers Grove and Shooters Grove Schools will keep it occupied until March, 1969. It would appear that the mobile clinic will not be able to visit more than three or four comprehensive schools during the school year and, if others are to have treatment provided 'on the door step', a second mobile clinic will be required.

The new dental unit in the Gleadless Maternity and Child Welfare Centre, White Lane, was opened in April, 1968 and replaced the Frecheville Clinic. This was designed and built by the Derbyshire County Council and is a very attractive clinic indeed. The Heeley Dental Clinic has been closed temporarily during the year owing to the recurring illness from which Mr. A. E. Clarke is suffering. This has been attended by difficulties associated with treatment provided by the dental auxiliary who works under his supervision and this has been suspended during his absences from duty.

The Chief Dental Officer attended a course in advanced dental anaesthesia at the University of Birmingham, Department of Anaesthesia covering a period of three months and also attended the annual conference of the British Dental Association. Mrs. P. J. B. Hill attended a course in Orthodontics at the North Staffordshire University and Mr. P. A. Betts a revision course in anaesthesia at the Sheffield University.

The College of Education has in recent years offered facilities for lectures given by dental officers on the work of the school dental service and the control of dental decay, to first year students. It is hoped that other colleges will follow this lead. Teachers are expected from time to time to give instruction on the care of teeth and a knowledge of the more recent basic concepts of dental decay will help them materially in supporting the work of the dental service. The dental auxiliaries have spent 40 sessions in schools giving talks on dental hygiene and have been available to mothercraft classes held in the Maternity Centre. The Education Department and the Health Education Officer arranged at the end of the year for 'Pierre the Clown' to visit infant schools in 1969 for 'lightning' talks on tooth cleaning and distribution of free apples. It might be useful here to remind Head Teachers that dental officers are available for class talks on dental health and it is suggested that all first year pupils in comprehensive schools should have at least one lesson during the year from a dental officer on dental treatment and the possibilities of controlling dental decay.

The accumulated results of research work on dental decay in the last few years have produced a wealth of evidence which indicates that a very considerable control of decay is now possible. One United States Professor of Dentistry delivered a paper at the Birmingham Conference in 1967 and stated that fillings were no longer necessary, given the co-operation of the local health authorities in bringing about the fluoridation of water supplies, given a periodic application of a stannous fluoride solution to the teeth by a dentist and given the patients' consistent endeavour to help by regular cleaning with fluoride tooth pastes. The City of Birmingham introduced fluoridation of their water supplies in December, 1964. To quote from the Report of the Medical Officer of Health for 1967, "Compared with 1964 the 1967 survey showed a reduction in the average number of defective teeth per child (d.e.f.) in the case of boys from 2·817 to 1·396 and in case of girls from 2·371 to 1·233. These are children who have passed their third birthday but not yet reached their fourth and for this reason some of them will not yet be showing the full improvement from fluoridation. One of the greatest benefits which is especially welcome is the reduction in the number of children with rampant caries—dental cripples, particularly those aged between one and two for whom it is practically impossible to carry out any effective conservative treatment. The

1967 survey shows that the proportion of children with 10 or more defective teeth has again fallen, in the case of boys from 8·4 per cent in 1964 to 2·4 per cent in 1967 and in the case of girls from 7 per cent in 1964 to 1 per cent in 1967." After 10 years fluoridation Sheffield should expect a 60 per cent reduction of decayed teeth throughout its schools. The dental staff we now employ would be adequate to provide an annual dental examination of all children on the school rolls and the need for treatment would be so reduced that school dental officers and general dental practitioners would have time to provide all the treatment required.

The Department of Health and Social Security reports that since April five more local authorities have started fluoridation schemes and that the total population of England and Wales receiving fluoridated water now exceeds two million.

SPEECH THERAPY

"Mend your speech a little, lest it mar your fortunes."
Shakespeare—"King Lear."

By Miss A. B. Chapman, L.C.S.T., Senior Speech Therapist.

"At the time of writing this report it is encouraging to say that since October of the year under review the Speech Therapy Clinic has been fully staffed for the first time for several years. Although we were sorry to lose Mrs. Popat in August, we were pleased to welcome Miss Heath in October, thus having a part-time therapist replaced by a full-time one, so completing our establishment.

The statistics for 1968 show no significant change and comments seem superfluous, except to draw attention to the fact that at the end of the year the waiting list still stood at 89, giving a waiting time of approximately 1 year in spite of a full staff. This can only indicate one thing: that the staff complement is insufficient to cope with the present volume of work, which has been increasing steadily over the years.

Branch clinic and special school sessions have continued to give valuable service. An extra session was begun at Manor in October, giving a total of four weekly in that area, where there is still a heavy demand. Numbers of cases in Attercliffe on the other hand, have declined and it seems likely that there can be a reduction there in the near future. Some doctors and Head Teachers are requesting an increase in some of these sessions, but this is not possible with the present staff complement.

The clinic continues to receive enquiries from parents and Head Teachers concerning children who require referral, and similar cases are often seen by therapists in the course of school visits. In every case particulars are recorded and advice is given as to the method of referral and, in cases which seem to justify it, priority for investigation is promised when the case is referred."

The Statistics for the year are given on Pages 40 and 41.

CHILD GUIDANCE CENTRE

> *"The tired mothers found that spanking took less time than reasoning and penetrated sooner to the seat of memory."*
>
> Will Durant. "Transition."

By Mr. N. E. Whilde, M.Sc., F.B.Ps.S., Educational Psychologist in Charge:—

"Comparison of the figures given later in 'Statistical Information' with those presented in previous years indicates a striking uniformity. Considering the last five years the numbers referred have varied from 582 to 619. Each year the girls have represented only slightly more than one third of the total.

Similarly Head Teachers each year have referred approximately three quarters of the children, and the numbers referred by other agencies have only varied by small percentages. The proportions falling in the various categories under 'Reasons for Reference' are very similar, as is the intelligence distribution of cases closed.

The age range of children referred is also similar from year to year with the exception of the older half of the children. The centre of this group has varied by one and a half years, but in a random way, that is, there is no tendency to refer progressively more older (or younger) children year by year in this section.

The number of cases closed is considerably in excess of those closed in any previous year, but in spite of this the initial waiting list and the 'treatment' waiting list remain high at 61 and 102 respectively.

That there has been a certain uniformity concerning the children referred during recent years, and that the numbers of children referred has not increased greatly, should not be taken as a guide to need.

There is still an unsatisfied demand for more remedial groups; teachers have to be asked from time to time to refer only the most pressing cases (for both services) owing to shortage of staff; more demands have been made in recent years by the opening of special schools (e.g. Chantrey, Todwick Grange) and the imminent opening of the new school for maladjusted children will increase these demands.

The extension of the City boundary has also added to the pressure, so that the time for a review of the staffing situation is overdue. The recent publication of the 'Summerfield' report on the work, training and supply of psychologists is opportune and should provide a valuable basis for such a review. "

SCHOOL MEALS SERVICE

> *"Health is the choice seasoning which gives*
> *a relish to all our enjoyments."*
>
> John Morgan.

SCHOOL MEALS

Particulars of the average number of meals consumed daily in respect of each calendar month from January to December, 1968:—

January	56,597	July	50,139
February	55,235	August	—*
March	56,098	September	56,109
April	56,580	October	55,610
May	52,094	November	55,026
June	50,700	December	55,224

*All schools closed in August

	1967	1968
Total number of dinners supplied	9,493,729	10,237,047
Number of dinners supplied free to pupils (included above)	856,081	1,619,847

The following is the number of children receiving free meals in December, earlier years being included for comparison:—

1962	1963	1964	1965	1966	1967*	1968†
3,724	3,981	3,350	3,991	4,300	9,026	12,364

*Increase due to boundary changes and government publicity.

†Increase due to provision for fourth and subsequent children of larger families irrespective of income.

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to pupils each month. The supply is limited at present to one-third of a pint per day for each pupil in attendance at primary or special schools and no charge is made. Beverage milk ceased to be supplied free to secondary and all non-maintained schools from the beginning of the Autumn Term, 1968.

During the year ended 31st December, 1968, 10,577,770 one-third pints of beverage milk, representing approximately 440,740 gallons, were supplied to pupils in Sheffield Schools. Drinking straws are provided and all milk supplied to schools is heat treated.

Beverage Milk—Average number of bottles supplied daily:—

1968	Primary & Secondary Schools	Non-Maintained Schools	Total
January	60,269	2,015	62,284
February	60,056	2,014	62,070
March	59,642	2,021	61,663
April	60,646	1,865	62,511
May	62,419	2,060	64,479
June	60,741	1,965	62,706
July	60,083	1,886	61,969
August	—*	—*	—*
September	†44,545	—	†44,545
October	43,683	—	43,683
November	42,857	—	42,857
December	42,386	—	42,386

*All schools closed in August.

†Secondary and non-maintained Schools not supplied with free milk from the beginning of the Autumn Term.

A return to the Department of Education and Science shows that on a day in September, 1968, 92% of primary and special school pupils received beverage milk and 66% of all pupils received dinners.

PHYSICAL EDUCATION

"I take but two shirts with me, and I mean not
to sweat extraordinarily."
Shakespeare—"Henry IV, Pt. II."

Report of Mr. L. Morant, Organiser of Physical Education

1. Introduction

The organisation of a satisfactory scheme of physical education requires suitable facilities, appropriate equipment and a sufficient number of enthusiastic teachers, all well qualified and trained. Efforts have continued throughout the year to improve all these factors.

The opening of Dobcroft, Jordanthorpe and Park County Primary Schools and the alterations made at Owler Lane, Prince Edward and Southey Green High Schools have all contributed to an improvement of facilities. The new swimming bath at Hurlfield Comprehensive School has been fully used from 9.00 a.m. to 10.00 p.m. ever since it became available and emphasises the need for other baths on the site of large schools. New playing fields have been provided at Ben Lane, Carter Knowle and Kilvington Crescent. In addition considerable progress has been made with the provision of much needed facilities of a more sophisticated nature at the City Grammar School, Rowlinson Technical School and the Polytechnic. All establishments have been provided with appropriate equipment.

2. The work in schools

The process by which physical education has evolved from a standardised system of training having its roots in military drill to an educational discipline which aims to make the maximum contribution to the natural physical, mental and moral development of each individual pupil continues.

In the primary schools movement training has been allied to other forms of expression such as music, art and drama to stimulate the powers of imagination and discrimination, and through these, initiative, self-reliance and self-confidence. In the secondary schools this work continues but many activities are introduced which have immediate educational values but will also provide interests which may become beneficial forms of recreation when school days are over. With the increase in affluence and leisure many activities previously limited to few are now available to all. As staffing and general conditions in schools permit the variety of opportunities offered us is increasing. More children leaving school each year have had introductory courses in archery, badminton, camping, canoeing, fell walking and country pursuits, fencing, golf, judo, rock-climbing, sailing and skating.

The advisory staff has continued to visit schools to assist by means of demonstrations and talks. Unfortunately the reduction in their numbers and simultaneous increase in the number of schools following on the boundary changes has resulted in less frequent visits. It has, therefore, been necessary to concentrate on in-service training courses and many of these have been organised during the year.

3. Procedures have been established for consultation and joint planning with other Corporation Departments which seem to be working well. It is quite certain that the current emphasis on Regional planning for dual use will mean that full consultation is essential between all agencies concerned with provision, if the necessary grants and loan sanctions are to be obtained.

The Sheffield and District Sports Council has now been working for a year and is proving to be a useful link between the providers and users of recreational facilities. They have been concerned about apparent weaknesses of communication with both local and Regional representatives which affect efficiency, and discussions have taken place to bring about an improvement.

In view of the importance of Regional organisation in all future planning it is essential that the City should do everything possible to obtain adequate representation on the Yorkshire and Humberside Sports Council and its sub-committees and working parties.

4. Recreational Activities out-of-school

As usual the children of Sheffield have been fortunate in the type and amount of activity organised for them by teachers' organisations working quite voluntarily. The Sheffield and District Federation for School Sports (now in its 78th year) organises competitions, rallies and demonstrations in 16 different sports, the latest addition being cyclo-cross country. Unfortunately the organisation has suffered some financial strain in the past year, and it is hoped that means will be found to enable the good work done by many teachers out-of-school hours to be carried on.

An important part of the work of this organisation is the co-operation with adult sports organisations to ensure that talented or interested children are able to continue to participate in well organised activity after leaving school.

5. In concluding this report it is a pleasure to record appreciation of the generous help and advice received from the Chief Education Officer and his senior staff, of the helpful co-operation of the Principal School Medical Officer, the Senior School Medical Officer and the staff of the School Health Service; of the kindly assistance of the office staff and personal colleagues and of the friendly relations existing with the teaching staff.

STATISTICAL INFORMATION

> *"Statistics are somewhat like revolvers in newly opened mining districts. Most men . . . find it troublesome to preserve them so as to have them easy of access: but when they want them, they want them badly."*
>
> John Billings—"Medical Record."

SUMMARY OF THE WORK OF THE SCHOOL HEALTH SERVICE, 1968

		Children	Attendances
SCHOOL MEDICAL OFFICERS			
Visits to schools	1,546		
Periodic health inspections		12,404	
Selected cases		1,225	
Observation cases and re-inspections ...		8,173	
Special cases		1,443	
Inspection and minor ailments clinics ...		13,112	21,667
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—			
Examination of children in schools		261,610	
Visits to homes		2,087	
Minor dressings at clinics and schools ...		17,409	35,023
OPHTHALMIC CLINIC—			
Examined by surgeon...		2,124	2,156
Dressed by school nursing sisters		891	4,195
Orthoptic treatment		622	964
AURAL CLINIC—			
Examined by surgeon...		334	463
Dressed by school nursing sisters		1,088	5,062
ORTHOPAEDIC CLINIC			
Examined by surgeon...		132	151
RHEUMATISM AND HEART CLINIC—			
Examined by paediatrician		69	69
CHIROPODY CLINIC—			
Treated by chiropodist		810	1,849
CHILD GUIDANCE CENTRE		1,252	4,350
SPEECH THERAPY CLINIC		484	7,254
DENTAL CLINICS—			
Inspected at schools		37,787	
Inspected at clinics		4,568	
Treated by school dental surgeons		9,833	22,867
IMMUNISATION AGAINST DIPHTHERIA, ETC.—			
At schools and clinics			5,711
TOTAL ATTENDANCE OF CHILDREN AT CLINICS			111,781

PERIODIC HEALTH INSPECTIONS

The number examined at periodic health inspections was:—

Entrants (those born 1962 and later)	6,580
Leavers (those born 1954 and earlier)	5,824
	12,404

1,024 (1,218*) pupils were found to require treatment for various defects (excluding those of nutrition, uncleanliness and dental disease), of 8·83 per cent of those inspected.

4,040 (4,726*) pupils were referred for observation at subsequent periodic health inspections.

*1967 figures

SPECIAL EXAMINATIONS

1,225 children in infant, junior and secondary schools were examined as "selected" cases. 1,332 defects were found, of which 333 required treatment and 999 observation only.

4,133 (5,656*) pupils who had been referred for observation at previous periodic health inspections were re-examined.

*1967 figures

CLEANLINESS (PERIODIC HEALTH INSPECTIONS)

The figures from 1965 and onwards relate to 'entrants' and 'leavers' only. (See page 19 for the results of the cleanliness survey carried out by the school nursing sisters in all schools).

Cleanliness of Head

		Clean Hair per cent.	Infected Hair per cent.				
Boys	1945	97·04	2·96	(Nits	2·81	Lice	·15)
	1965	99·15	·85	(,,	·85	,,	—)
	1966	99·14	·86	(,,	·86	,,	—)
	1967	99·10	·90	(,,	·90	,,	—)
	1968	99·53	·47	(,,	·45	,,	·02)
Girls	1945	83·24	16·76	(,,	15·83	,,	·93)
	1965	99·69	·31	(,,	·31	,,	—)
	1966	97·87	2·13	(,,	2·13	,,	—)
	1967	98·66	1·34	(,,	1·28	,,	·06)
	1968	99·10	·90	(,,	·90	,,	—)

Cleanliness of Body

		Clean per cent.	Dirty per cent.	Body Lice per cent.
Boys ...	1945	99·56	·41	·03
	1965	99·77	·23	—
	1966	99·90	·10	—
	1967	99·93	·07	—
	1968	99·92	·06	·02
Girls ...	1945	99·65	·30	·05
	1965	99·88	·12	—
	1966	99·88	·12	—
	1967	99·93	·07	—
	1968	99·92	·08	—

GENERAL CONDITION

(This classification, though primarily concerned with physical fitness,
also includes poise and general demeanour)

The percentage found at periodic health inspections to be unsatisfactory were, boys ·34%, and girls ·31%. Malnutrition through lack of food is rare. Figures for heights and weights are given in tables on pages 48 to 52.

Only two classifications—satisfactory and unsatisfactory—are considered necessary by the Department of Education and Science. Every case judged unsatisfactory by a medical officer is therefore carefully investigated, with special attention to home conditions.

EYE DEFECTS

Number of children found to have defective vision at periodic health inspections ('entrants' and 'leavers' only):—

	Number examined	Defective vision
Boys	6,028	594 (9·85%)
Girls	5,602	411 (7·36%)

Visual Acuity

Apart from periodic health inspection, the vision of children aged 7, 9, 11 and 13 is tested by the school nursing sisters (this means that a child's vision is tested every other year as a matter of routine). The school nursing sisters referred 427 (219*) children to the medical officers at the clinics: of these 240 (153*) were found to require examination by the ophthalmologist and 132 (31*) were kept under observation. No treatment was found to be necessary in 41 (19*) cases; the parents of 14 (16*) children elected to have treatment through their general practitioners.

*1967 figures

OPHTHALMIC TREATMENT

Summary of Work

	Cases	Attendances
Errors of Refraction:—		
Hypermetropia and hypermetropic astigmatism	578	581
Myopia and myopic astigmatism	967	975
Mixed astigmatism	79	80
Anisometropia	84	87
Squint:—		
Strabismus, convergent	118	120
Strabismus, alternating convergent	30	31
Strabismus, divergent	13	13
Strabismus, alternating divergent	4	4
Congenital defects:—	148	158
Inflammatory conditions	4	4
Injuries	4	4
No apparent defects	95	99
	2,124	2,156

Glasses prescribed, replacements and repeat prescriptions	1,717
Referred to orthoptist	158
Treated otherwise	7
Under observation	1,811
Not seen this year	750
New cases seen in 1968	619

ORTHOPTIC TREATMENT

At the beginning of the year, the cases outstanding from 1967 numbered 480 (501*). Of the 158 (247*) children referred during 1968, 142 (200*) became registered patients, the total attendances being 964 (1,667*). 180 (221*) cases were discharged during the year, leaving 442 (480*) still open at the end of the year.

The details of the discharges during the year are as follows:—

Cured...	56	(60*)
Improved	51	(28*)
Cosmetically satisfactory	37	(20*)
No apparent defect	13	(16*)
After investigation found to be unsuitable ...	10	(13*)
Left district or transferred	7	(21*)
Failed to attend	4	(57*)
Treatment refused	2	(6*)

*1967 figures

SHEFFIELD SCHOOL FOR BLIND CHILDREN

At the end of the year, 62 children were on the registers of the school, their condition being as follows:—

Abiotrophy of retinae	3
Albinism	4
Anophthalmos	1
Buphthalmos	6
Choroido retinitis	1
Congenital cataracts	11
Congenital nystagmus	6
Microphthalmos	4
Neuroblastoma	1
Optic atrophy	10
Retinal aplasia	2
Retinoblastoma	5
Retrolental fibroplasia	5
Uveitis	3
	62

PARTIALLY SIGHTED UNITS

The defects of the pupils on the registers at 31st December are summarised below:—

Brook Secondary School

Albinism	2
Congenital nystagmus	2
Corneal nebulae	2
Hypermetropic astigmatism	1
Optic atrophy	1
Optic disc anomaly	1
Retinal abiotrophy	2
Uveitis	1
	12

Stradbroke County School

Abiotrophy of retinae	1
Albinism	1
Congenital cataracts	3
Congenital nystagmus	2
Retrolental fibroplasia	1
	8

EAR, NOSE AND THROAT

The total number of children seen during the year was 340 (323*), of whom 297 (287*) were new cases. The children made 422 (378*) attendances.

*1967 figures

The hospitals have supplied the following figures for operations for tonsils and adenoids:—

Royal Infirmary	413
Royal Hospital	469
Children's Hospital	478
	1,360

The following table gives an analysis of the reasons for attendance at the clinic:—

Tonsils and adenoids	51
Tonsils	35
Adenoids	32
Otitis media	42
Deafness	179
Other conditions	41
Consultation—no treatment advised at present	42
	422

AUDIOLOGY CLINIC AND PRE-SCHOOL HEARING ASSESSMENT CENTRE

New cases referred during 1968	125	
Cases under observation from previous year	55	
		180
Admitted to the Maud Maxfield School for the Deaf	14	
Referred to Otologist	11	
Referred to Speech Therapist	12	
Currently having Auditory Training	11	
Hearing found to be satisfactory	90	
Cases still under review at end of year	42	
		180

Cases referred for investigation as 'at risk' of deafness 23

An analysis of these showed the following results:—

Familial deafness	10	(with satisfactory hearing 9) (partially hearing 1)
Prematurity	4	(all with satisfactory hearing)
Rhesus Incompatibility	3	(all with satisfactory hearing but including one with a speech defect)
Cerebral Palsy	2	(both with some high frequency deafness)
Epilepsy	1	(Satisfactory hearing)
Chronic Otitis Media	1	(Referred to Otologist)
Retarded	2	(one with satisfactory hearing and one found to be severely deaf)

Screening tests carried out at Norfolk Park Training Centre	112
With satisfactory hearing	106
Referred to the Audiology Clinic for further investigation	6

of these

4 were later found to have satisfactory hearing

1 was referred to Otologist for treatment

1 was partially hearing and provided with a hearing aid

PARTIALLY HEARING UNIT AT HUNTER'S BAR COUNTY SCHOOL

This unit continues to work to capacity.

Admitted during the year:

From Maud Maxfield School	2
From other schools	2

Five children were transferred to Greystones Secondary School.

PARTIALLY HEARING UNIT AT GREYSTONES SECONDARY SCHOOL

Admitted during the year:

From Maud Maxfield School	2
From Hunter's Bar Partially Hearing Unit	5
Other schools	1

SPEECH THERAPY

Analysis of Work Carried Out during 1968

Cases open on 1st January, 1968	316
Cases on waiting list 1st January, 1968	98
Cases referred during 1968	159
	573
Cases closed during 1968	131
Cases open on 31st December, 1968	353
Cases on waiting list 31st December, 1968	89
	573

Interviews

Treatment interviews with children	6,590
Supervision interviews with children	488
Diagnostic interviews with children	176
Interviews with parents	503
Interviews with other members of S.H.S.	356
Visits made by speech therapists to schools etc.	84

Children Referred for Further Examination

To educational psychologist for mental assessment	14
For audiometer test	8
To C.G.C. for opinion and treatment	3
For E.N.T. examination	5

Reasons for Closure During 1968

Treatment Cases

	A	B	C
*1. Good result	2	1	39
2. Maximum benefit	—	—	12
3. Left school or district prior to completion of treatment	6	1	11
4. Non-attendance	1	—	10
5. Parents request	1	—	10
6. Receiving treatment elsewhere	4	—	9
7. Unsuitable for speech therapy	—	—	4

A—stammer; B—stammer + speech defect; C—speech defect

*All cases in this category are given a period of supervision prior to closure.

Observation Cases

Treatment not indicated after supervision	7
Treatment not indicated at preliminary interview	5

General

Non-attendance at preliminary interview	4
Removed from waiting list	4
Number of cases	484
Number of attendances	7,254

HEART DISEASES AND RHEUMATISM CLINIC

Condition	New Cases	Old Cases	Attendances
1. No Rheumatism or Heart Disease			
(*a*) Functional murmurs	26	13	39
(*b*) Physiological arrhythmias ...	—	2	2
(*c*) No cardiac signs	5	2	7
2. Rheumatic Fever			
(*a*) Active with heart affection	—	1	1
(*a*) Active without heart affection	—	1	1
(*b*) Inactive with heart affection	—	3	3
(*b*) Inactive without heart affection	—	3	3
3. Rheumatic Chorea			
Active with heart affection	—	—	—
Active without heart affection	—	—	—
4. Congenital Heart Disease			
Cyanotic operated	—	2	2
Cyanotic not operated ...	—	2	2
Non-cyanotic operated	—	1	1
Non-cyanotic not operated ...	1	7	8
Totals	32	37	69

CHILD GUIDANCE CENTRE

Number of Cases Registered during 1968

Boys	398	
Girls	202	
		600

Analysis of cases dealt with

Cases closed 1968	651	
Cases open 31st December, 1968	721	
Cases on waiting list 31st December, 1968	61	
		1,433

Reasons for closing cases in 1968

Did not attend...	23	
Consultation only	311	
After supervision	273	
		607

Treatment cases:		
Further attendance impossible	1	
Transferred to other treatment...	5	
Treatment completed	38	
		44
		651

Analysis of cases open at 31st December, 1968

Under treatment	69
Under supervision	517
Under investigation	33
Awaiting treatment (investigation complete)	102
	721

Reasons for reference of all cases

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	Total
Number of children	39	24	161	376	600

Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance.

Sources of reference

	Head Teachers	Parent or guardian	School Medical Officer	Speech Therapist	Juvenile Court	Private doctor	Hospital	Others	Total
No. of children...	438	48	59	16	15	12	3	9	600

Age of Reference

Age	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
No. of Children ...	1	1	4	35	50	191	117	61	31	24	39	16	25	5	600

Intelligence quotient range of all cases closed during 1968

	70 and under	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
No. of children... ...	41	87	130	135	106	60	19	8	65	651

SCHOOL NURSING SERVICE—SUMMARY OF WORK

IN THE SCHOOLS—

Attendance with school medical officers at periodic health inspection.

Examination of children under cleanliness scheme—Boys	80,724	
Girls	76,521	
		157,245
Examination of children for 'following up'		1,120
Examination of children for investigation of outbreak of infectious diseases		350
Examination of children for other purposes		5,212
Attendances for breathing exercises		2,776
Weighing and measuring		65,763
Number of visions tested		29,144
		261,610
Number of children referred to clinics		2,675
Number of visits to schools		13,984

IN THE CLINICS

	Eye Treatment		Ear Treatment		Minor Dressings	
	Cases	Attendances	Cases	Attendances	Cases	Attendances
Attercliffe ...	121	155	99	795	1,507	3,708
Central ...	20	38	107	226	559	1,347
Chaucer ...	26	60	70	183	536	1,422
Frecheville ...	—	—	6	8	—	—
Greenhill ...	24	26	39	73	592	1,064
Hackenthorpe	6	6	17	17	55	140
Handsworth ...	15	26	43	99	386	820
Heeley... ...	23	40	45	112	527	1,330
Hillsborough	12	24	89	375	304	564
Manor ...	60	105	95	329	1,322	4,287
Nursery ...	29	30	28	38	1,028	1,600
Pitsmoor ...	68	102	88	302	740	1,776
Shiregreen ...	62	89	65	61	1,143	1,654
Southey Green	14	16	31	95	395	608
Special Schools	253	3,228	63	1,829	5,714	11,247
Wisewood ...	33	42	62	85	605	1,179
Woodhouse ...	31	65	34	102	191	717
Wybourn ...	94	150	107	354	1,805	3,622
TOTALS ...	891	4,202	1,088	5,063	17,409	37,085

IN THE HOMES

Visits for 'following up'	577
Visits for neglect, uncleanliness, etc.	327
Visits for various purposes	1,183
	2,087

INFECTIOUS DISEASES

Disease	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total 1968	Total 1967
Measles ...	257	1,058	466	46	1,827	1,240
Whooping Cough	38	8	8	5	59	154
Scarlet Fever ...	24	33	26	24	107	139
Dysentry ...	55	29	34	12	130	116

SHEFFIELD CHILDREN IN OUT-OF-CITY RESIDENTIAL SPECIAL SCHOOLS AND HOMES, DECEMBER, 1968

Condition	Boys	Girls	Total
Blind and partially-sighted	2	5	7
Deaf and partially-hearing	4	4	8
Delicate	6	1	7
Educationally sub-normal	12	5	17
Epileptic	2	2	4
Maladjusted	11	—	11
Physically handicapped	1	5	6
		TOTAL	60

CLINICS

Clinic	No. of Schools	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street ...	All	Full-time	Administrative centre of school health service. Centre for examination of special cases; ophthalmic, orthoptic, ear, nose and throat, orthopaedic, heart and chiropody clinics. Central inspection, minor ailment and immunisation clinics.
Audiology Clinic, Orchard Lane	All	Full-time	Diagnosis of degree of deafness and auditory training (young deaf children.)
Child Guidance Centres:			
9, Newbould Lane	All	Full-time	Child Guidance
Handsworth Clinic, Hall Road ...	22	Thurs. mornings	
Catchbar Lane...	25	Fridays all day	
Speech Therapy Clinics:			
Catchbar Lane...	All	Full-time	Speech Therapy
Attercliffe Clinic, Vicarage Road ...	24	Tuesday mornings, Thursday afternoons and Friday mornings	
Greenhill Clinic, Greenhill County School	11	Wednesday mornings	
Manor Clinic, Prince Edward County School ... ... Manor Welfare Centre, Ridgeway Rd.	57	Mon. Wed. and Thurs. mornings Tuesday afternoons	
9, Newbould Lane	44	Friday afternoons	
District Medical Clinics:			
Attercliffe Clinic, Vicarage Road ...	16	Wednesday mornings	Inspection, minor ailment and immunisation clinics
Central Clinic, 7, Leopold Street—District E	18	Wed. and Sat. mornings	
District F	25	Mon. and Thurs. afternoons and Sat. mornings	
Chaucer Clinic, Chaucer Comprehensive School	6	Wed. mornings	
Frecheville Clinic, FoxLane	9	Wed. mornings	
Greenhill Clinic, Greenhill County School	8	Tuesday mornings	
Hackenthorpe Clinic, Main Street ...	11	Fri. mornings	
Handsworth Clinic, Hall Road, ...	10	Wed. mornings	
Heeley Clinic, Lowfield County School	37	Mon., Tues. and Fri. afternoons	
Hillsborough Clinic, Broughton Road	15	Mon. and Thurs. afternoons	
Manor Clinic, Prince Edward County School	32	Mon., Tues., Wed. and Thurs. afternoons	
Pitsmoor Clinic, Ellesmere Road County School	20	Mon. and Thurs. afternoons	
Shiregreen Clinic, Shiregreen County School	16	Wed. afternoons	
Southey Green Clinic, Southey Green High School	5	Thurs. afternoons	
Wisewood Clinic, Wisewood County School	8	Wed. and Fri. afternoons	
Woodhouse Clinic, Chapel Street ...	7	Wed. and Fri. afternoons	
Wybourn Clinic, Wybourn County School	5	Mon. and Thurs. mornings	

Clinic	No. of Schools	Times of Attendance	Work undertaken
DENTAL CLINICS:			
Central Clinic, 7, Leopold Street ...	81	Varies	Comprehensive, routine and casua treatment, special dental cases, and M. & C. W. dental treatment.
Heeley Clinic, Lowfield County School	32	,,	Routine and casual dental treatment, and M. & C. W. dental treatment
Gleadless Welfare Centre, White Lane	13	,,	
Hackenthorpe Welfare Centre, Main Street	10	,,	
Rowlinson Clinic, Rowlinson Technical School	12	,,	
Attercliffe Clinic, Vicarage Road ...	19	,,	
Owler Lane Clinic, Owler Lane County School	17	,,	
Hatfield Clinic, Hatfield Comprehensive School	18	,,	
Manor Clinic, Prince Edward County School	46	,,	
Wheata Place, Welfare Centre ...	17	,,	

ATTENDANCES AT CLINICS

	Atter-cliffe	Pitsmoor	Hills-boro'	Heeley	Central (E)	Central (F)	Green-hill	Hands-worth	Wood-house	Shire-green	Chaucer	Hacken-thorpe	Manor	Wise-wood	Southey Green	Freche-ville	Wybourn	Special	TOTAL
Inspection and Minor Ailments Clinics—																			
Cases	1,879	1,321	444	1,057	914	655	451	621	218	765	761	154	1,423	1,074	289	79	1,007	—	13,112
Attendances	2,882	1,926	707	2,151	1,118	1,001	1,001	1,027	609	1,035	1,118	266	3,080	1,367	474	102	1,803	—	21,667
Dressings by School Nursing Sisters—																			
Eye cases	155	102	24	40	38		26	26	65	89	60	6	105	65	16	—	150	3,228	4,195
Ear cases	795	302	375	112	226		73	99	102	61	183	17	329	102	95	8	354	1,829	5,062
Minor	3,708	1,776	564	1,330	1,347		1,064	820	717	1,654	1,422	140	4,287	717	608	—	3,622	11,247	35,023
Treatment Clinics																			
Ophthalmic	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	2,156	2,156
Orthoptic	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	964	964
Aural	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	463	463
Orthopaedic	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	151	151
Rheumatism & Heart ...	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	69	69
Chiropody	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	1,849	1,849
Dental (Central and Branch) ...	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	22,867	22,867
Diphtheria Immunisation ...	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	5,711	5,711
Child Guidance Centres	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	4,350	4,350
Speech Therapy Clinics	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	7,254	7,254
TOTALS	7,540	4,106	1,670	3,633	3,730		2,164	1,972	1,493	2,839	2,783	429	7,801	2,251	1,193	110	5,929	62,138	111,781

HEIGHTS

AVERAGES, SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1967 Inches	1968 Inches	Number Examined 1968	Age	1920 Inches	1938 Inches	1945 Inches	1967 Inches	1968 Inches	Number Examined 1968
5	40·5	42·44	42·93	43·25	43·34	3,379	5	40·75	42·13	42·64	42·92	43·09	3,099
6	42·75	44·75	44·77	45·57	45·73	3,506	6	42·45	44·24	44·63	45·29	45·41	3,229
7	44·4	47·09	46·98	47·95	48·02	3,294	7	44·05	46·77	46·59	47·68	47·66	3,149
8	46·9	49·21	49·84	50·24	50·25	3,227	8	46·90	48·86	48·85	49·77	49·94	3,026
9	48·45	50·47	50·38	52·25	52·45	2,990	9	47·95	50·39	51·22	51·88	51·98	2,992
10	49·8	52·28	54·31	54·26	54·32	2,972	10	50·25	52·13	54·38	54·10	54·17	2,972
11	53·55	53·98	54·91	56·11	56·18	2,860	11	51·10	55·28	55·62	56·35	56·46	2,795
12	54·05	56·42	56·44	58·26	58·27	2,197	12	54·50	57·52	57·96	58·85	58·85	2,198
13	55·70	57·91	59·1	60·73	60·70	2,052	13	56·05	58·90	60·02	60·79	60·78	2,117
14	56·45	59·8	60·38	63·14	63·42	2,045	14	57·00	60·75	60·90	61·94	62·12	2,088
15	—	—	—	65·57	65·57	1,101	15	—	—	—	62·68	62·80	1,168
16	—	—	—	66·89	67·52	220	16	—	—	—	63·34	63·51	194

WEIGHTS

AVERAGES, SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920	1938	1945	1967	1968	Number Examined	Age	1920	1938	1945	1967	1968	Number Examined
	Pounds	Pounds	Pounds	Pounds	Pounds	1968		Pounds	Pounds	Pounds	Pounds	Pounds	1968
5	38·60	41·49	41·58	43·96	43·92	3,379	5	38·90	39·93	40·18	42·73	43·17	3,099
6	42·20	45·72	44·95	48·44	48·72	3,506	6	40·45	43·87	43·71	47·69	47·66	3,229
7	45·10	51·10	49·77	54·14	54·19	3,294	7	42·10	49·21	47·62	53·40	53·35	3,149
8	50·15	56·17	57·12	60·56	60·21	3,227	8	49·05	54·17	54·41	59·77	59·72	3,026
9	52·25	60·00	61·73	67·13	67·31	2,990	9	52·20	58·00	59·12	66·36	66·71	2,992
10	57·70	64·29	74·52	74·25	73·88	2,972	10	53·40	63·80	67·61	74·60	74·27	2,972
11	68·20	70·86	73·49	81·50	81·20	2,860	11	61·75	75·44	77·48	83·71	83·62	2,795
12	70·40	80·14	79·35	89·77	89·71	2,197	12	71·05	83·47	85·85	95·19	94·49	2,198
13	73·75	85·61	90·07	100·44	99·82	2,052	13	77·35	89·66	96·04	105·71	106·02	2,117
14	79·55	94·14	95·16	111·55	112·21	2,045	14	78·95	100·50	99·65	114·68	114·77	2,088
15	—	—	—	124·76	123·90	1,101	15	—	—	—	119·60	119·95	1,168
16	—	—	—	135·36	137·63	220	16	—	—	—	123·30	123·99	194

HEIGHTS, 1968

COMPARATIVE FIGURES FOR AVERAGE HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

	BOYS									GIRLS								
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	
5	3,379	43·34	1,113	43·67	1,578	43·23	688	43·04	5	3,099	43·09	1,001	43·49	1,495	42·88	603	42·83	
6	3,506	45·73	1,122	46·19	1,690	45·58	694	45·33	6	3,229	45·41	1,045	45·85	1,543	45·29	641	44·99	
7	3,294	48·02	1,123	48·57	1,565	47·79	606	47·63	7	3,149	47·66	1,025	48·10	1,534	47·56	590	47·17	
8	3,227	50·25	1,116	50·70	1,492	50·09	619	49·83	8	3,026	49·94	1,087	50·45	1,375	49·77	564	49·41	
9	2,990	52·45	1,057	52·96	1,346	52·29	587	51·92	9	2,992	51·98	958	52·44	1,448	51·83	586	51·59	
10	2,972	54·32	1,006	54·76	1,354	54·16	612	53·98	10	2,863	54·17	988	54·61	1,330	54·01	545	53·79	
11	2,860	56·18	873	56·67	1,350	56·04	637	55·83	11	2,795	56·46	769	56·96	1,332	56·31	694	56·22	
12	2,197	58·27	671	58·78	1,081	58·08	445	58·13	12	2,198	58·85	655	59·36	1,125	58·64	418	58·58	
13	2,052	60·70	575	61·29	1,098	60·40	379	60·70	13	2,117	60·78	582	61·09	1,134	60·73	401	60·45	
14	2,045	63·42	580	63·76	984	63·42	481	63·35	14	2,088	62·12	577	62·43	1,024	61·96	487	62·09	
15	1,101	65·57	370	65·94	543	65·44	188	65·21	15	1,168	62·80	429	63·07	549	62·78	190	62·25	
16	220	67·52	102	67·69	78	67·47	40	67·21	16	194	63·51	66	63·86	78	63·41	50	63·20	

WEIGHTS, 1968

COMPARATIVE FIGURES FOR AVERAGE WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

	BOYS									GIRLS							
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools	
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds
5	3,379	43·92	1,113	44·42	1,578	43·58	688	43·87	5	3,099	43·17	1,001	43·58	1,495	42·79	603	43·47
6	3,506	48·72	1,122	49·80	1,690	48·10	694	48·46	6	3,229	47·66	1,045	48·63	1,543	47·20	641	47·13
7	3,294	54·19	1,123	55·64	1,565	53·59	606	53·11	7	3,149	53·35	1,025	54·34	1,534	53·00	590	52·51
8	3,227	60·21	1,116	61·35	1,492	59·90	619	58·89	8	3,026	59·72	1,087	61·11	1,375	59·30	564	58·14
9	2,990	67·31	1,057	68·81	1,346	66·76	587	65·85	9	2,992	66·71	958	68·14	1,448	66·38	586	65·15
10	2,972	73·88	1,006	75·02	1,354	73·41	612	72·99	10	2,863	74·27	988	75·73	1,330	73·68	545	73·10
11	2,860	81·20	893	83·33	1,350	80·47	637	79·83	11	2,795	83·62	769	84·88	1,332	83·29	694	82·92
12	2,197	89·71	671	92·00	1,081	88·27	445	89·77	12	2,198	94·49	655	97·27	1,125	93·56	418	92·59
13	2,052	99·82	575	102·54	1,098	98·19	379	100·51	13	2,117	106·02	582	106·72	1,134	106·04	401	104·96
14	2,045	112·21	580	114·44	984	110·94	481	112·10	14	2,088	114·77	577	115·08	1,024	114·07	487	115·90
15	1,101	123·90	370	125·97	543	122·95	188	123·06	15	1,168	119·95	429	121·12	549	119·93	190	117·39
16	220	137·63	102	138·32	78	137·24	40	136·62	16	194	123·99	66	121·91	78	125·22	50	124·80

NURSERY SCHOOLS AND CLASSES

AVERAGE HEIGHTS

Boys					Girls				
Age	1957 Inches	1967 Inches	1968 Inches	Number examined 1968	Age	1957 Inches	1967 Inches	1968 Inches	Number examined 1968
2	35·78	35·98	36·65	18	2	35·13	36·53	36·77	22
3	37·94	38·75	38·55	175	3	37·46	38·25	38·40	157
4	40·00	40·52	40·51	314	4	39·52	40·32	40·15	297

AVERAGE WEIGHTS

Boys					Girls				
Age	1957 Pounds	1967 Pounds	1968 Pounds	Number examined 1968	Age	1957 Pounds	1967 Pounds	1968 Pounds	Number examined 1968
2	30·71	28·67	30·73	18	2	29·38	30·43	30·38	22
3	34·85	35·40	35·10	175	3	33·88	34·45	33·95	157
4	38·47	38·91	38·87	314	4	36·86	38·47	37·76	297

MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31ST DECEMBER 1968

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1969—85,671

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding) squint)	For any other condition recorded at Part II	Total individual pupils
		Number	Number			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1964 and later	484	484	—	—	26	24
1963	2,983	2,968	15	38	252	234
1962	3,113	3,107	6	67	295	238
1954	1,684	1,675	9	55	119	163
1953 and earlier... ...	4,140	4,129	11	145	256	365
TOTAL	12,404	12,363*	41†	305	948	1,024

*Total Satisfactory—99·67%

†Total Unsatisfactory—·33%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	18,349
Number of Re-inspections	12,690
TOTAL	31,039

TABLE C—INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	157,245
(ii)	Total number of individual pupils found to be infested ...	2,127
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	3,080
(iv)	Total number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

SCREENING TESTS OF VISION AND HEARING

1.	Is the vision of the entrants tested as a routine within their first year of entry?	Yes
2.	How frequently is vision testing repeated throughout a child's school life?	Every other year.
3.	(*a*) Is colour vision testing undertaken?	Yes
	(*b*) If so, at what age?	11 years
	(*c*) Are both boys and girls tested?	Yes
4.	By whom is vision and colour testing carried out?	School nursing sisters; doubtful cases are referred to school medical officers.
5.	(*a*) Is routine audiometric testing of entrants carried out within their first year at school?	No.
	(*b*) If not, how soon after entry is this done?	At 6 years of age
6.	By whom is audiometric testing carried out?	School nursing sisters

PART II.

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect or Disease	Periodic Inspections						Special Inspections	
	Entrants		Leavers		Total			
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Skin	70	224	146	98	216	322	4,600	54
Eyes—(a) Vision	93	633	212	393	305	1,026	758	201
(b) Squint	55	199	3	28	58	227	30	29
(c) Other	12	44	7	28	19	72	659	58
Ears—(a) Hearing	72	141	29	38	101	179	415	62
(b) Otitis Media ...	33	118	14	40	47	158	37	28
(c) Other	44	102	29	25	73	127	864	61
Nose and Throat	89	832	34	110	123	942	604	133
Speech	68	324	3	14	71	338	118	49
Lymphatic Glands	11	491	—	59	11	550	3	40
Heart	9	197	8	41	17	238	30	16
Lungs	9	246	7	51	16	297	50	63
Developmental—								
(a) Hernia	10	34	6	5	16	39	3	8
(b) Other	9	280	28	34	37	314	7	50
Orthopaedic—								
(a) Posture	1	27	1	29	2	56	1	13
(b) Feet	9	265	29	71	48	336	91	29
(c) Other	20	204	8	44	28	248	675	41
Nervous System—								
(a) Epilepsy	2	37	3	25	5	62	7	14
(b) Other	2	39	1	14	3	53	16	25
Psychological—								
(a) Development ...	8	47	—	6	8	53	64	30
(b) Stability	17	430	5	48	22	478	151	115
Abdomen	4	27	—	15	4	42	65	14
Other	9	72	14	69	23	141	2,684	282

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	665
Errors of refraction (including squint)	2,021
TOTAL	2,686
Number of pupils for whom spectacles were prescribed ...	1,712

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:—	
(*a*) for diseases of the ear	27
(*b*) for adenoids and chronic tonsillitis	1,470
(*c*) for other nose and throat conditions	13
Received other forms of treatment	1,688
TOTAL	3,198

Total number of pupils in school at 31st December known to have been provided with hearing aids:—	
(*a*) in 1968	11
(*b*) in previous years	51

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments...	713
(*b*) Pupils treated at school for postural defects	—
TOTAL	713

TABLE D—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C, Part I)

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	—
(*b*) Body	—
Scabies	170
Impetigo	47
Other Skin Diseases	3,538
TOTAL	3,755

TABLE E—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child Guidance Centres	1,252

TABLE F—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists	484

TABLE G—OTHER TREATMENT GIVEN

		Number of cases known to have been dealt with
(*a*)	Pupils with minor ailments	2,671
(*b*)	Pupils who received convalescent treatment under School Health Service arrangements	178
(*c*)	Pupils who received B.C.G. Vaccination	4,572
(*d*)	Other than (*a*), (*b*) and (*c*) above—	
	Chiropody	810
	Heart...	11
	Orthoptic	622
	TOTAL (*a*)—(*d*)	8,864

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

A. *Attendances & Treatment*

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	4,634	4,380	819	9,833
Subsequent visits	4,364	7,272	1,398	13,034
Total visits	8,998	11,652	2,217	22,867
Additional courses of treatment commenced	723	782	129	1,634
Fillings in permanent teeth ...	3,457	10,072	2,145	15,674
Fillings in deciduous teeth ...	3,624	209	—	3,833
Permanent teeth filled ...	2,894	8,668	1,858	13,420
Deciduous teeth filled ...	3,308	194	—	3,502
Permanent teeth extracted ...	529	1,660	238	2,427
Deciduous teeth extracted ...	6,052	1,526	—	7,578
General anaesthetics	2,400	1,224	86	3,710
Emergencies	791	375	53	1,219

Number of pupils X-rayed	430
Prophylaxis	3,267
Teeth otherwise conserved	177
Number of teeth root filled	19
Inlays	9
Crowns	38
Courses of treatment completed	9,023

B. *Orthodontics*

Cases remaining from previous year ...	71
New cases commenced during year	141
Cases completed during year	79
Cases discontinued during year	32
No. of removable appliances fitted	225
No. of fixed appliances fitted	9
Pupils referred to hospital consultant ...	24

C. *Prosthetics*

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	1	1	2
Pupils supplied with other dentures (first time)	7	42	16	65
Number of dentures supplied	7	46	29	82

D. *Anaesthetics*

General anaesthetics administered by dental officers ... 1,956

E. *Inspections*

(*a*)	First inspection at school. Number of pupils ...	37,787
(*b*)	First inspection at clinic. Number of pupils ...	4,568
	Number of (*a*) + (*b*) found to require treatment ...	21,331
	Number of (*a*) + (*b*) offered treatment	15,638
(*c*)	Pupils re-inspected at school or clinic	2,770
	Number of (*c*) found to require treatment	1,688

F. *Sessions*

Sessions devoted to treatment	3,967
Sessions devoted to inspection	235
Sessions devoted to dental health education	42

HANDICAPPED PUPILS

During the calendar year 1968:— Number of handicapped pupils who were:—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes (other than Hospital Special Schools) ...	3	3	9	6	13	69	1	109	—	—	213
B. (i) Number of these newly placed	1	3	8	6	9	58	—	76	—	—	161
(ii) Placed during the year but assessed prior to 1-1-68 ...	—	—	—	—	4	4	3	37	—	—	48

On 23rd January, 1969:— Number of handicapped pupils who were:—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. Requiring places in Special Schools											
(i) TOTAL:—											
(*a*) Day	—	—	—	—	—	1	—	15	—	—	16
(*b*) Boarding	—	—	1	—	—	1	1	—	—	—	3
Number of pupils included in these totals:—											
(ii) Who had not reached the age of 5 and were awaiting:—											
(*a*) Day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding places	—	—	—	—	—	—	—	—	—	—	—
(iii) Who had reached the age of 5 but whose parents had not consented to their admission to a Special School and awaiting:—											
(*a*) Day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding places	—	—	—	—	—	—	—	—	—	—	—
(iv) Who had been awaiting admission for more than one year	—	—	—	—	—	—	—	—	—	—	—

HANDICAPPED PUPILS *(continued)*

On 23rd January, 1969:— Number of handicapped pupils who were:—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1-10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. (i) On the registers of:—											
(1) Maintained Special Schools as:—											
(*a*) Day pupils	—	—	59	—	122	186	24	606	2	3	1,002
(*b*) Boarding pupils ...	10	1	3	2	—	34	5	9	2	—	66
(2) Non-Maintained Special Schools as:—											
(*a*) Day pupils	—	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding pupils ...	6	—	5	—	1	—	5	10	3	—	30
(ii) On the registers of Independent Schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—	—
(iii) Boarded in Homes and not already included under (i) or (ii) above	—	—	—	—	1	5	—	1	—	—	7
(iv) Special Units	—	19	—	32	—	—	—	—	—	—	51
E. Being educated under arrangements made under Section 56 of the Education Act, 1944:—											
(i) In Northern General Hospital ...	—	—	—	—	—	—	—	—	—	—	—
(ii) In other groups	—	—	—	—	—	—	—	—	—	—	—
(iii) At Home	—	—	—	—	2	—	5	—	—	—	7
Total awaiting places or receiving special education	*16*	*20*	*68*	*34*	*126*	*127*	*40*	*641*	*7*	*3*	*1,182*

G. During the *calendar year* ended 31st December, 1968:—

(*i*) Number of children subject of new decisions recorded under Section 57 of the Education Act, 1944	43
(*ii*) Number of reviews carried out under Section 57A of the Education Act, 1944	1
(*iii*) Number of decisions cancelled under Section 57A(2) of the Education Act, 1944	—

COST OF THE SCHOOL HEALTH SERVICE, YEAR ENDED 31ST MARCH, 1968

SECTION	Gross Expenditure	Income	Net Expenditure	Cost in terms of a Penny Rate	
				Gross Expenditure	Net Expenditure
	£	£	£	d.	d.
Medical Inspection and Treatment	199,014	5,211	193,803	2·05	1·99
Special Schools	559,747	201,303	358,444	5·75	3·68
TOTALS ...	758,761	206,514	552,247	7·80	5·67

CITY OF SHEFFIELD, GENERAL INFORMATION

Population (as estimated mid-1968)	531,800
Area	45,363 acres
Density of population	11·72 persons per acre
Rateable Value at 31st March, 1968	£23,565,644
Rate levied for Education, year ended 31st March, 1968 ...	144·54d.
Penny Rate Product, year ended 31st March, 1968	£97,334

Primary and Secondary Schools (including Nursery Schools)—

Number of schools	253
Number on rolls	84,279

Special Schools—

Number of schools	15
Number on rolls	1,392

LONDON SCHOOL OF HYGIENE ★ AND TROPICAL MEDICINE
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